

AO 242 (Rev. 09/17) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

## UNITED STATES DISTRICT COURT

for the

DISTRICT OF OREGON

Savannah Kaahanui-Moniz

*Petitioner*

v.

Case No. 3:22-cv-01490-CL

*(Supplied by Clerk of Court)*

DeWayne Hendrix

*Respondent**(name of warden or authorized person having custody of petitioner)*

## PETITION FOR A WRIT OF HABEAS CORPUS UNDER 28 U.S.C. § 2241

## Personal Information

1. (a) Your full name: Savannah Kaahanui-Moniz
- (b) Other names you have used: \_\_\_\_\_
2. Place of confinement:
  - (a) Name of institution: FCI Sheridan Camp
  - (b) Address: P.O. Box 6000  
Sheridan, Oregon 97378
  - (c) Your identification number: 08611-122
3. Are you currently being held on orders by:
 

☒ Federal authorities
 ☐ State authorities
 ☐ Other - explain: \_\_\_\_\_
4. Are you currently:
 

☐ A pretrial detainee (waiting for trial on criminal charges)
 ☒ Serving a sentence (incarceration, parole, probation, etc.) after having been convicted of a crime

If you are currently serving a sentence, provide:

  - (a) Name and location of court that sentenced you: United States District Court, District of Hawaii
  - (b) Docket number of criminal case: 1:16CR00452-001
  - (c) Date of sentencing: 4/03/2017

☐ Being held on an immigration charge
 ☐ Other (explain): \_\_\_\_\_

## Decision or Action You Are Challenging

5. What are you challenging in this petition:
 

☒ How your sentence is being carried out, calculated, or credited by prison or parole authorities (for example, revocation or calculation of good time credits)

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- ☐ Pretrial detention
- ☐ Immigration detention
- ☐ Detainer
- ☐ The validity of your conviction or sentence as imposed (for example, sentence beyond the statutory maximum or improperly calculated under the sentencing guidelines)
- ☐ Disciplinary proceedings
- ☐ Other (explain): \_\_\_\_\_

## 6. Provide more information about the decision or action you are challenging:

(a) Name and location of the agency or court: FCI Sheridan Camp Health Services, Sheridan Oregon(b) Docket number, case number, or opinion number: None

(c) Decision or action you are challenging (for disciplinary proceedings, specify the penalties imposed):

To not render immediate medical attention and allow the Petitioner to continue to suffer extreme pain without treatment.(d) Date of the decision or action: September 2022**Your Earlier Challenges of the Decision or Action**7. **First appeal**

Did you appeal the decision, file a grievance, or seek an administrative remedy?

☒ Yes ☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: Warden, FCI Sheridan Camp (Respondent)(2) Date of filing: September 9, 2022 (approximately)

(3) Docket number, case number, or opinion number: \_\_\_\_\_

(4) Result: Pending, but the Petitioner recieved was preliminarily denied immediate~~(5) Date of result:~~ treatment.(6) Issues raised: Medical treatment has been scheduled within the Bureau of Prisons since 2017 (see attachments and Supporting Facts), but continuously delayed and denied the Petitioner.

(b) If you answered "No," explain why you did not appeal: \_\_\_\_\_

8. **Second appeal**

After the first appeal, did you file a second appeal to a higher authority, agency, or court?

☐ Yes ☒ No



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(a) If "Yes," provide:

(1) Name of the authority, agency, or court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Docket number, case number, or opinion number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

(b) If you answered "No," explain why you did not file a second appeal: The Petitioner has submitted countless appeals and pleas for help over 5 years without treatment. Further appeals would be futile.

9. **Third appeal**

After the second appeal, did you file a third appeal to a higher authority, agency, or court?

☐ Yes☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Docket number, case number, or opinion number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

(b) If you answered "No," explain why you did not file a third appeal: \_\_\_\_\_

10. **Motion under 28 U.S.C. § 2255**

In this petition, are you challenging the validity of your conviction or sentence as imposed?

☐ Yes☒ No

If "Yes," answer the following:

(a) Have you already filed a motion under 28 U.S.C. § 2255 that challenged this conviction or sentence?

☐ Yes☐ No

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If "Yes," provide:

(1) Name of court: \_\_\_\_\_

(2) Case number: \_\_\_\_\_

(3) Date of filing: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

- (b) Have you ever filed a motion in a United States Court of Appeals under 28 U.S.C. § 2244(b)(3)(A), seeking permission to file a second or successive Section 2255 motion to challenge this conviction or sentence?

☐ Yes☐ No

If "Yes," provide:

(1) Name of court: \_\_\_\_\_

(2) Case number: \_\_\_\_\_

(3) Date of filing: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

- (c) Explain why the remedy under 28 U.S.C. § 2255 is inadequate or ineffective to challenge your conviction or sentence: \_\_\_\_\_

## 11. Appeals of immigration proceedings

Does this case concern immigration proceedings?

☐ Yes☒ No

If "Yes," provide:

- (a) Date you were taken into immigration custody: \_\_\_\_\_

- (b) Date of the removal or reinstatement order: \_\_\_\_\_

- (c) Did you file an appeal with the Board of Immigration Appeals?

☐ Yes☐ No

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If "Yes," provide:

(1) Date of filing: \_\_\_\_\_

(2) Case number: \_\_\_\_\_

(3) Result: \_\_\_\_\_

(4) Date of result: \_\_\_\_\_

(5) Issues raised: \_\_\_\_\_

(d) Did you appeal the decision to the United States Court of Appeals?

☐ Yes☐ No

If "Yes," provide:

(1) Name of court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Case number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

## 12. Other appeals

Other than the appeals you listed above, have you filed any other petition, application, or motion about the issues raised in this petition?

☐ Yes☒ No

If "Yes," provide:

(a) Kind of petition, motion, or application: \_\_\_\_\_

(b) Name of the authority, agency, or court: \_\_\_\_\_

(c) Date of filing: \_\_\_\_\_

(d) Docket number, case number, or opinion number: \_\_\_\_\_

(e) Result: \_\_\_\_\_

(f) Date of result: \_\_\_\_\_

(g) Issues raised: \_\_\_\_\_



**Grounds for Your Challenge in This Petition**

13. State every ground (reason) that supports your claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground. Any legal arguments must be submitted in a separate memorandum.

**GROUND ONE:** The Petitioner sustained an injury in 2017 while in BOP custody (at FCI Lompoc) that remains untreated and the Petitioner is in unbearable pain as a result.

(a) Supporting facts (*Be brief. Do not cite cases or law.*):

The Petitioner has attached partial documentation dating back to 2017 that details the systemic failures of the Bureau of Prisons Health Services Departments at both FCI Lompoc and the Respondent's FCI Sheridan Camp. The Petitioner has discussed the medical issues with not only the Respondent's Health Services staff, but also the Psychological Services. The partial narrative is as follows:

(b) Did you present Ground One in all appeals that were available to you? \*\*\*CONTINUED\*\*\*  
☒ Yes ☐ No

**GROUND TWO:**

(a) Supporting facts (*Be brief. Do not cite cases or law.*):

(b) Did you present Ground Two in all appeals that were available to you?  
☐ Yes ☐ No

**GROUND THREE:**

(a) Supporting facts (*Be brief. Do not cite cases or law.*):

(b) Did you present Ground Three in all appeals that were available to you?  
☐ Yes ☐ No

## SUPPORTING FACTS CONTINUED

In 2017, while at Lompoc, I was cleaning the shower (Orderly Job). While I was scrubbing the shower with the scrubber the scrubber handle that I was using jammed into my right breast implant and I felt instant pain.

Document A. 08/28/2017. I went to sick call medical and told them exactly what happened to me, I express the amount of pain I was experiencing and I was seen by Clinical Director Souferzadeh. I went to Psychology and I was diagnosed with Gender Dysphoria and in his report he stated that Gender affirming surgery is likely to support the mental health of this patient in Document B.

Document C. I was seen by a general surgeon, 11/13/2018 and he referred the Health Services to get 1). MRI scan of both breast 2). "Please refer patient to plastic surgeon". The medical in Lompoc sent me to do a MRI and it was like a mammogram that stated mild breast tissue. I kept on telling them I am in constant pain I have been suffering I have been experiencing pain where I can't sleep at night and at times my right arm goes numb on me, also times when the pain is so bad I feel nauseated, without any help for the last four years.

Document D. I wrote a sick call to Ms. Hoen, who is in Health Services at Lompoc on 06/28/2021, I put in another sick call and like every other time I was completely ignored.

Document E. I finally did a BP8 on 07/14/2021, they stated that I was scheduled for treatment. Nothing was done.

Document F. I wrote to Psychology asking them to help me mitigate this issue telling them how much I have been in pain as I did every other time i begged for help.

Document G. Then finally I went to see a plastic surgeon in Santa Barbara name Wesley Schooler. He did a full exam and he stated that in my Right implant there was a deflation in Right pole right implant deflation with capsule contracture. His plan was to bilateral removal and replacement of saline/silicone implants, I was approved to do the surgery by western Region Office. Because of my release date is coming close i had to go to RDAP which meant that I had to leave Lompoc because there is no RDAP there I qualify for the year off and i am eligible for first step act and I have been through so much pain and suffering that if I want to go home to my family I must complete this program, I am on the same region that my approval for surgery was I went to medical here and I explain to them about my pain and that I can't sleep at night and that I have been suffering for the last 5 years NON-STOP, I was approved to see the specialist here in Oregon but nothing I am not even scheduled to see any specialist to date.

Document H. I file a informal resolution on 08/31/2022 they stated that I have been canceled due to my transfer here a new request has been submitted. I have been experiencing a lot of pain and suffering in these last 5 years I

have constantly Begged for help literally, with a lot of the time in the BOP I was constantly pushed off and I don't know where else to turn to I have been here in BOP custody, pain and suffering, I filed a BP 9 that is to go to this warden here at Sheridan I have never given staff at any facility any trouble actually I have been without incident reports the whole time in BOP Custody I am only trying to seek the medical attention that I have a right to.

Document I. My last request has been to Health service administrator/Clinical Director at Sheridan where I cannot even get medication to help me deal with the pain at this moment.

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**GROUND FOUR:**

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

(b) Did you present Ground Four in all appeals that were available to you?

☐ Yes

☐ No

14. If there are any grounds that you did not present in all appeals that were available to you, explain why you did not:

**Request for Relief**

15. State exactly what you want the court to do: Order the Respondent to immediately arrange for the Petitioner's approved (by the Bureau of Prisons) medical procedures.



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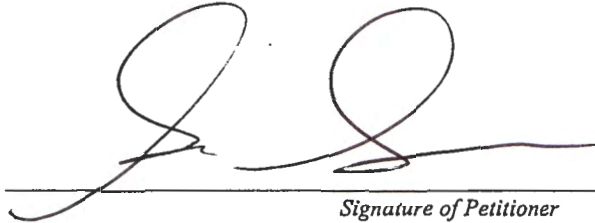
**Declaration Under Penalty Of Perjury**

If you are incarcerated, on what date did you place this petition in the prison mail system:

September 27, 2022

I declare under penalty of perjury that I am the petitioner, I have read this petition or had it read to me, and the information in this petition is true and correct. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

Date: September 27, 2022



*Signature of Petitioner*

*Signature of Attorney or other authorized person, if any*